

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	SILICON-BASED POROUS CATALYTIC SYSTEM FOR OLIGOMERISING LIGHT OLEFINS
Attorney Docket Number::	0512-1273
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	1
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name:: JOSE-MANUEL
Middle Name::
Family Name:: TREJO-MENAYO
Name Suffix::
City of Residence::
State or Province of MADRID
Residence::
Country of Residence:: SPAIN
Street of Mailing RAFAELA BONILLA, 21 6°C
Address::
City of Mailing Address::
State or Province of Mailing Address:: MADRID
Country of Mailing Address:: SPAIN
Postal or Zip Code of Mailing Address:: E28028

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name:: JACQUES
Middle Name::
Family Name:: ROZIERE
Name Suffix::
City of Residence::
State or Province of MONTPELLIER
Residence::
Country of Residence:: FRANCE
Street of Mailing LES CHENES COLOMBIERES
Address:: BT J2-58, AVENUE D'OCCITANIE
City of Mailing Address::

State or Province of Mailing Address::
Country of Mailing Address::
Postal or Zip Code of Mailing Address:: 34090

Applicant Authority Type::
Primary Citizenship Country:: Inventor
Status::
Given Name:: Full Capacity
Middle Name:: DEBORAH
Family Name::
Name Suffix:: JONES
City of Residence::
State or Province of Residence:: MONTPELLIER
Country of Residence:: FRANCE
Street of Mailing Address:: LES CHENES COLOMBIERES
BT J2-58, AVENUE D'OCCITANIE
City of Mailing Address::

State or Province of Mailing Address::
Country of Mailing Address::
Postal or Zip Code of Mailing Address:: 34090

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name:: MELANIE
Middle Name::
Family Name:: JACQUIN
Name Suffix::

City of Residence::
State or Province of CASTELAU-LE-LEZ
Residence::
Country of Residence:: FRANCE
Street of Mailing 145, RUE DE SALAISON
Address::
City of Mailing Address::
State or Province of Mailing Address::
Country of Mailing Address::
Postal or Zip Code of Mailing Address:: 34170

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name:: STEFANO
Middle Name::
Family Name:: ROSSINI
Name Suffix::
City of Residence::
State or Province of MILANO
Residence::
Country of Residence:: ITALY
Street of Mailing VIA DANUSSO ARTURO 10
Address::
City of Mailing Address::
State or Province of Mailing Address::
Country of Mailing Address::
Postal or Zip Code of Mailing Address:: 20142

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name:: ROBERTO
Middle Name::

Family Name:: CATANI
Name Suffix::
City of Residence::
State or Province of MILANO
Residence::
Country of Residence:: ITALY
Street of Mailing VIA SAN VENERIO 5/D
Address::
City of Mailing Address::
State or Province of Mailing Address::
Country of Mailing Address::
Postal or Zip Code of Mailing Address:: 20138

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name:: ANGELO
Middle Name::
Family Name:: VACCARI
Name Suffix::
City of Residence::
State or Province of BOLOGNA
Residence::
Country of Residence:: ITALY
Street of Mailing VIA BELLETINI 16
Address::
City of Mailing Address::
State or Province of Mailing Address::
Country of Mailing Address::
Postal or Zip Code of Mailing Address:: 40127

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity

Given Name:: MAURIZIO
Middle Name::
Family Name:: LENARDA
Name Suffix::
City of Residence::
State or Province of VENEZIA
Residence::
Country of Residence:: ITALY
Street of Mailing CALLE CONI ZUGNA 16 - S. ELENA
Address::
City of Mailing Address::
State or Province of Mailing Address::
Country of Mailing Address::
Postal or Zip Code of Mailing Address:: 30100

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name:: GUIDO
Middle Name::
Family Name:: BUSCA
Name Suffix::
City of Residence::
State or Province of GENOVA
Residence::
Country of Residence:: ITALY
Street of Mailing PLAZA G. MARTINEX 5/11
Address::
City of Mailing Address::
State or Province of Mailing Address::
Country of Mailing Address::
Postal or Zip Code of Mailing Address:: 16143

Applicant Authority Type:: Inventor

Primary Citizenship Country::
Status:: Full Capacity
Given Name:: ANTONIO
Middle Name::
Family Name:: JIMENEZ-LOPEZ
Name Suffix::
City of Residence::
State or Province of Residence:: GRENADA
Country of Residence:: SPAIN
Street of Mailing Address:: CALLE CAMINO DE RONDA 115-6ºA
City of Mailing Address::
State or Province of Mailing Address::
Country of Mailing Address::
Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor
Primary Citizenship Country:: ENRIQUE
Status:: Full Capacity
Given Name::
Middle Name::
Family Name:: RODRIGUEZ-CASTELLON
Name Suffix::
City of Residence::
State or Province of Residence:: MALAGA
Country of Residence:: SPAIN
Street of Mailing Address:: CALLE PAJARETE 5
City of Mailing Address:: ALHAURIN DE LA TORRE
State or Province of Mailing Address::
Country of Mailing Address::

Postal or Zip Code of Mailing Address:: 29130

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name:: PEDRO
Middle Name::
Family Name:: MAIRELLES-TORRES
Name Suffix::
City of Residence::
State or Province of MALAGA
Residence::
Country of Residence:: SPAIN
Street of Mailing PLAZA CASTILLEJOS
Address:: BLOQUE 4-1ºD
City of Mailing Address::
State or Province of Mailing Address::
Country of Mailing Address::
Postal or Zip Code of Mailing Address:: 29009

Correspondence Customer 00466
Number::

Representative Information

Representative Customer	00466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/EP03/14857	10/15/2003

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
EUROPE	02356201.0	10/15/2002	Yes

Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::